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Please file the following enclosed patent application papers:	١٥	
Applicant #1, Name: Wis Alvaro Rob	re	
Applicant #2, Name:		* :
Title:	* * *	
Specification, Claims, and Abstract: Nr. of Sheets		
Declaration: Date Signed: 7/22/2003	<u></u>	
Drawing(s): Nr. of Sheets Enc.: Formal: Informal:	3	**
Applicant Qualifies for and Claims Small Entity Status	•	. *
Assignment enclosed with cover sheet and recordal fee; please re	cord and return.	
➤ Payment by Check □ credit card (form PTO-2038 attached)	in the amount of \$	for:
\$ \$ 315.00 for filing fee (not more than three		
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☐ Information Disclosure Statement, Form PTO-1449, and listed ref	erences.	
Disclosure Document Program reference letter.		277 274
Pursuant to 35 U.S.C. \$119(e)(i), applicant(s) claim priority of P	ovisional Patent Application Ser. Nr. 29	311,321
Return Receipt Postcard Addressed to Applicant #1.		
Request Under MPEP § 707.07(j): The undersigned, a pro s		
patentable subject matter disclosed in this application; but feels t	hat Applicant's present claims are not entirel	ly suitable, the
Examiner draft one or more allowable claims for applicant. • Request for Non-Publication: The undersigned requests that	this application not be published 18 month:	: s after filing under 35
USC 122(6)(1). The undersigned certifies that the invention discl		
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international agreement, the P-19 must be notined of such thing of	i the application will be regarded as abando	med.
Very respectfully,		
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Applicant #1 Signature Wandow brook Avenue	Applicant #2 Signature	
Address (Send Correspondence Here)	Address	
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Box Patent Application Commissioner for Patents Vashington, District of Columbia 20231	
Fee Transmitta	al
First-Named Applicant Luis Alvaro Roble	
<i>-</i> . <i>(</i>)	
Total Payment Enclosed (From Calculation Below): \$	
Sir:	
enclosed is the following small entity* filing fee for the above patent application	on:
Fee Code Fee Description	Fee (\$)
214 Provisional Pat. Appn. Filing Fee	
201 Basic Utility Appn. Filing Fee	375.00
206 Basic Design Appn. Filing Fee	
Subtotal (1)	
203 Total Claims: — 20 =; X	(fee for each claim over 20) =
202 Tot: Indep. Claims 3 = ; X	(fee for each indep. claim over 3) =
Subtotal (2)	. ————————————————————————————————————
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/ery respectfully,	
Signature of First-Named Applicant	-
Print Name of First-Named Applicant	_
1033 1/2 Meadow brook Avenue,	_
Los Angolea, CA 90019	
	<u>-</u>
	-

^{*}Cross out "small entity" and use large entity amounts if you don't qualify for small entity fees.